FORM D SEC Mail
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JUL 2 1 2008

Washington, DC

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1342311	/				
		APPROVAL			
OMMISSION	OMB Number: Expires: Estimated average hours per respon	3235-0076 April 30, 2008 ge burden se16.00			
URITIES	SEC	USE ONLY			
TION D, DR	Prefix	Serial			
EXEMPTION	DATE RECEIVED				

Name of Offering ( check if this is an an	nendment and name h	ias changed, and indic	cate change.)		
Offer and Sale of Series C Preferred	Stock				
Filing Under (Check box(es) that apply): [	Rule 504	Rule 505	☑ Rule 506	Section 4(6)	□ nroibKOCE22E
Type of Filing: New Filing					0 5 0000
	A.	BASIC IDENTIF	ICATION DATA		JUL 2 3 2000
1. Enter the information requested about the	ie issuer.				DELL DELL
Name of Issuer ( check if this is an amer	idment and name has	changed, and indicate	change.)		THOMSON KEU
Segway Inc.					11.0
Address of Executive Offices		(Number and Stree	t, City, State, Zip Code)	Telephone Numbe	er (Including Area Code)
14 Technology Drive, Bedford, NH (	3110			603-222-6000	
Address of Principal Business Operations		(Number and Street	t, City, State, Zip Code)	Telephone Numbe	er (Including Area Code)
(if different from Executive Offices)					
Brief Description of Business				\ <u>  [ ]                                 </u>	(C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Transportation technology					// <b>2</b> 014/10/0 12:4/20/0 // // 10/0 //
Type of Business Organization					
□ corporation	☐ limited partners	ship, already formed	□ other	(please speci.	08052911
business trust		ship, to be formed	_		
		Month	Year		
Actual or Estimated Date of Incorporation	_	0 6			Estimated
Jurisdiction of Incorporation or Organization			Service Abbreviation for		٦
	CN for C	Canada; FN for other	foreign jurisdiction)	DE	

### **GENERAL INSTRUCTIONS**

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)		•		
Kleber, Klee	•				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			
c/o Segway Inc., 14 Techno	`				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Masdar Clean Tech Fund,	•				
Business or Residence Addre		reet, City, State, Zip Code)			
Eleven Madison Avenue, 10	·				
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Credit Suisse First Boston	<b>Equity Partners, L</b>	"Р.			
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			
c/o Credit Suisse First Bost	on Advisory Partr	iers, LLC, Eleven Madisoi	n Avenue, New York, NY	10010	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
	_	_	_	_	Managing Partner
Full Name (Last name first, i	if individual)				
KPCB Holdings, Inc.					
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			
c/o Kleiner Perkins Caufiel	d & Byers, 2750 S	and Hill Road, Menlo Par	k, California 94025		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				<u> </u>
Norrod, James D.					
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			
c/o Segway Inc., 14 Technol	logy Drive, Bedfor	d, NH 03110			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Cohen, Brian					
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			
_c/o Segway Inc., 14 Technol	logy Drive, Bedfor	d, NH 03110			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Denniston, John					
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			
c/o Segway Inc., 14 Technol	logy Drive, Bedfor	d, NH 03110			

Full Name (Last name first, if individual)  Kamen, Dean  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Loucks, Vernon  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or	•		A. BASIC IDENT	IFICATION DATA		
Full Name (Last name first, if individual)  Kamen, Dean  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110  Check Box(es) that Apply: Promoter Beneficial Owner Susiness or Residence Address (Number and Street, City, State, Zip Code)  Loucks, Vernon  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Off	<ul><li>Each promoter of the</li><li>Each beneficial owne</li><li>Each executive office</li></ul>	issuer, if the issuer let having the power ter and director of cor	has been organized within the p to vote or dispose, or direct the porate issuers and of corporate	vote or disposition of, 10% or r		•
Full Name (Last name first, if individual)  Kamen, Dean  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Loucks, Vernon  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)	Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Loucks, Vernon  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or  Managing Partner  Full Name (Last name first, if individual)	Full Name (Last name first,	if individual)				
c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110  Check Box(es) that Apply:	Kamen, Dean		··			
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Loucks, Vernon  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)	Business or Residence Addr	ess (Number and S	Street, City, State, Zip Code	)		
Full Name (Last name first, if individual)  Loucks, Vernon  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or  Managing Partner  Full Name (Last name first, if individual)	c/o Segway Inc., 14 Techno	logy Drive, Bedfe	ord, NH 03110			
Loucks, Vernon  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or  Managing Partner  Full Name (Last name first, if individual)	Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or  Managing Partner  Full Name (Last name first, if individual)	Full Name (Last name first,	if individual)				
c/o Segway Inc., 14 Technology Drive, Bedford, NH 03110  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or  Managing Partner  Full Name (Last name first, if individual)	Loucks, Vernon					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Business or Residence Addr	ess (Number and S	Street, City, State, Zip Code	)		
Full Name (Last name first, if individual)	c/o Segway Inc., 14 Techno	logy Drive, Bedfe	ord, NH 03110			
	Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Schmertzler, Michael	Full Name (Last name first,	if individual)				
	Schmertzler, Michael					
	c/o Segway Inc., 14 Techno	logy Drive, Bedfe	ord, NH 03110			

				B. 13	NFORMAT	TION ABO	UT OFFE	RING				
1. H	as the issuer so	ld, or does the	e issuer inte	-	to non-accre			_			Yes	No
2. W	Vhat is the minim	num investm	ent that wil	l be accept	ed from any	/ individual	?		••••••	************	s	N/A
, ,	anatha - m ·			- <b>c</b> ' '							Yes	No
	oes the offering	•	•	•								$\boxtimes$
co of w pe	nter the inform ommission or s ffering. If a per vith a state or st ersons of such a	similar remur son to be list ates, list the broker or de	neration for ed is an ass name of the aler, you m	r solicitati sociated pe e broker or	on of purch rson or ager dealer. If	hasers in o nt of a brok more than	onnection er or dealer five (5) per	with sales registered rsons to be	of securiti with the SI listed are a	es in the EC and/or		N/A
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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	FK	OCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
		_	Aggregate	A	mount Already
	Type of Security	C	Offering Price		Sold
	Debt	\$_	<del></del>	\$	
	Equity	\$_	39,760,000.00	\$	36,281,749.00
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests	\$		\$	
	Other (Specify)	\$			
	Total	s -	39,760,000.00		
	Answer also in Appendix, Column 3, if filing under ULOE.	٠.		•	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors	D	of Purchase
	Accredited Investors		22	\$	36,281,749.00
	Non-accredited Investors	_	0	\$	0.00
	Total (for filings under Rule 504 only)		0	\$	0.00
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sole by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering		Type of Security	D	ollar Amount Sold
	Rule 505		Security	\$	Solu
	Regulation A	-		<u>\$</u>	
	Rule 504	_			
	Total	_		<u>\$</u> \$	
	Total			٠,	0.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish at estimate and check the box to the left of the estimate.	у			
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees		$\boxtimes$	\$	100,000.00
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$	
	Total		☒	\$	100,000,00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF F	PRC	DCEEDS			
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	5		\$	39,660,000	0.00
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	(				
			Payments to Officers, Directors, & Affiliates		Payments t Others	to
	Salaries and fees		\$0.00		<b>  \$</b>	0.00
	Purchase of real estate		\$ 0.00		\$	0.00
	Purchase, rental or leasing and installation of machinery and equipment		\$0.00		s	0.00
	Construction or leasing of plant buildings and facilities		\$		\$	0.00
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$0.00		\$	0.00
	Repayment of indebtedness		\$ 0.00		s	0.00
	Working capital		\$ 0.00	$\boxtimes$	\$39,660,00	00.00
	Other (specify):		\$ 0.00		\\$	0.00
Col	umn Totals		\$ 0.00	$\boxtimes$	\$39,660,00	 00.00

Total Payments Listed (column totals added).....

**⊠** \$ 39,660,000.00

D E	FDE	'DAI	SICN	ATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Segway Inc.	Brighonen	7/15/08
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Brian Cohen	Chief Financial Officer	

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)